

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
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29						
30	2					
31	1					
32	2					
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46						
47						
48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.	41	←	←	←	←	←
TOTAL CLAIMS	47	████	████	████	████	████

1	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
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99						
100						
TOTAL IND.		←	←	←	←	←
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS		████	████	████	████	████